

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 586318
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	((
2	1		1			
3	1		1			
4	1		1			
5	1					
6	5					
7	5					
8	0					
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16	0					
17	0					
18	0					
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24	0					
25	0					
26	1		1			
27	1		1			
28	1		1			
29	3		1			
30	1		1			
31	0		1			
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TOTAL IND.			5			
TOTAL DEP.		←	28	←	←	
TOTAL CLAIMS		33				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.		←	28	←	←	←
TOTAL CLAIMS		33				